



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Agricultural & Environmental Sciences, P.O. Box 91081, Baton Rouge, LA 70821-9081, (225) 925-3787, FAX (225) 925-3760

AGRICULTURAL CONSULTANT APPLICATION FOR TESTING



NAME _____ SOCIAL SECURITY NO. _____
MAILING ADDRESS _____ PARISH _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE () _____ WORK PHONE () _____ OTHER () _____
PLACE OF EMPLOYMENT _____

I am applying for certification as an Agricultural Consultant in the following subcategory(s). The fee to process this application is \$15.00.

Control of insects, mites, nematodes or other invertebrates:

- ☐ 1a Agricultural Entomology
- ☐ 1b Forest Entomology
- ☐ 1c Household, Structural & Industrial Entomology *
- ☐ 1d Medical, Veterinary & Public Health Entomology
- ☐ 1e Orchard and Nut Tree Entomology
- ☐ 1f Ornamental & Turf Entomology
- ☐ 1g Mosquito Control Entomology

Control of weeds:

- ☐ 3a Agricultural Weed Control
- ☐ 3b Turf, Ornamental & Shade Tree Weed Control
- ☐ 3c Forest Weed Control
- ☐ 3d Right-of-way & Industrial Weed Control
- ☐ 3e Aquatic Weed Control

Control of plant pathogens:

- ☐ 2a Agricultural Plant Pathology
- ☐ 2b Turf, Ornamental, Shade Tree and Floral Plant Pathology
- ☐ 2c Forest Plant Pathology
- ☐ 2d Orchard Pathology

Soil Management:

- ☐ 4a Agricultural Field Soil Management
- ☐ 4b Agricultural Soil, Water & Tissue Analysis
- ☐ 4c Agricultural Soil Reclamation
- ☐ 4d Agricultural Water Management

* You must apply to the Structural Pest Control Commission for approval for this exam.

I meet one or more of the following requirements for certification as an Agricultural Consultant:

- ☐ I am currently certified in one or more of the Agricultural Consultant certification categories.
- ☐ I hold a bachelor's, master's, or doctor's degree from an accredited college or university in an appropriate discipline; transcripts are attached.
- ☐ I have earned at least thirty semester hours of college credit in agronomy, soil science, weed science, entomology, horticulture, plant physiology, or other biological science, or any combination of such.
- ☐ I have earned at least four hours of college credit in each discipline area for which certification is sought. The four discipline areas of Agricultural Consultant certification are entomology, plant pathology, weed science and soil science.
- ☐ I have with a master's or doctor's degree, at least one crop season of experience, or with a bachelor's degree, at least two crop seasons of experience in the field for which I request certification, employed as a field scout by a certified and licensed Agricultural Consultant.

Summarize work experience (employer, nature of work, and dates of employment) **

Summarize education (degree(s), date awarded and school) **

I hereby certify that the above information is, to the best of my knowledge, correct and reliable.

SIGNATURE _____ DATE _____

** Although this application requests summaries of work experience and education, to be assured that the review committee has a complete picture of your background, it is required that you attach college transcripts and notarized affidavits from employers who are licensed Agricultural Consultants. This application will remain active for one year after your approval date. You will have to reapply after that date.

All facilities, programs, and services of the Louisiana Department of Agriculture & Forestry are available to all persons. Discrimination is prohibited and should be reported to the Commissioner of Agriculture & Forestry.

TESTING 0800 1605 13

OFFICE USE	
Transmittal #	
Check #	
Date	
Amt. \$.00